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RONALD F. SHALLAT, M.D. FEBRUARY 17, 2006

1 diagnosed or misdiagnosed or delayed in diagnosis, 11:28:04
 2 so there is quite a few. 11:28:09
 3 **Q. Right. Actually, this has been --** 11:28:10
 4 **you know, this is something that has been written** 11:28:13
 5 **in the literature for 30 years or more; is that** 11:28:14
 6 **correct, about this delayed diagnosis of** 11:28:17
 7 **subarachnoid hemorrhage?** 11:28:18
 8 A. That's correct. 11:28:19
 9 **Q. So this is a well-known problem in** 11:28:19
 10 **the literature and in the medical community; is** 11:28:21
 11 **that right?** 11:28:24
 12 A. Right. 11:28:24
 13 **Q. I guess -- I think -- here is my** 11:28:24
 14 **question. You know, if it would be below the** 11:28:31
 15 **standard of care to send a patient home who has** 11:28:34
 16 **been diagnosed with subarachnoid hemorrhage, and** 11:28:36
 17 **it would be within the standard of care to admit** 11:28:39
 18 **them to the hospital and at least monitor them for** 11:28:41
 19 **the things we talked about, vital signs, neural** 11:28:46
 20 **signs, with the potential of intervening medically** 11:28:49
 21 **if appropriate, then why do that if it doesn't** 11:28:51
 22 **make any difference in a patient's outcome?** 11:28:55
 23 A. Why admit them? 11:28:57
 24 **Q. Yes, if it's not going to make any** 11:29:01
 25 **difference in a patient's outcome, why would you** 11:29:03

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1 one percent -- 11:29:59
 2 MS. McCREADY: More likely than not --
 3 MR. GUARINO: Let me explain my 11:30:00
 4 difficulty. 11:30:01
 5 If it's one percent have a good 11:30:02
 6 outcome -- I am making up a number just to show 11:30:04
 7 the problem. If one percent have a good outcome 11:30:06
 8 when they go home and two percent have a good 11:30:08
 9 outcome if they are admitted to the hospital, then 11:30:11
 10 yes, there is a difference. But whether that is 11:30:13
 11 more likely in the legal term of more likely than 11:30:15
 12 not that someone is going to have a better 11:30:16
 13 outcome, that is a different question, and so you 11:30:18
 14 are mixing the two concepts. 11:30:19
 15 MS. McCREADY: Q. But do you understand 11:30:21
 16 my question, Doctor? In your opinion, is it more 11:30:21
 17 likely than not -- I mean, do you understand what 11:30:23
 18 I mean by more likely than not? 11:30:26
 19 A. Yes. Again, I would have trouble 11:30:29
 20 quantifying it, but in concept, yes, there is no 11:30:31
 21 question that they would be better off if the 11:30:34
 22 diagnosis were made earlier and they were admitted 11:30:38
 23 earlier. 11:30:41
 24 **Q. And that is certainly the goal. I** 11:30:42
 25 **mean, you would want -- it would be important to** 11:30:44

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1 do that? 11:29:04
 2 A. I didn't say it didn't make a 11:29:04
 3 difference. I just said I don't know if the 11:29:05
 4 literature supports a difference, but -- 11:29:08
 5 **Q. What do you --** 11:29:10
 6 A. The sooner you have them admitted 11:29:12
 7 to the hospital, the sooner you can get on with 11:29:14
 8 the workup. I mean, just diagnosing subarachnoid 11:29:16
 9 hemorrhage is not the end of the line. You have a 11:29:21
 10 lot of other things to do. 11:29:23
 11 **Q. Sure. And I want to talk about** 11:29:24
 12 **that, too. But I guess I want to know your** 11:29:26
 13 **opinion, not just your review of the literature.** 11:29:28
 14 **What is your opinion? I mean, isn't a** 11:29:30
 15 **patient more likely to have a better outcome if** 11:29:32
 16 **they are in a hospital setting -- a patient who** 11:29:36
 17 **has been diagnosed with a subarachnoid hemorrhage,** 11:29:36
 18 **if they are in a hospital setting where their** 11:29:38
 19 **vital signs, neural signs are being monitored and** 11:29:41
 20 **where medical intervention then can take place** 11:29:44
 21 **versus if they are home with no monitoring?** 11:29:46
 22 MR. GUARINO: I guess I have an 11:29:48
 23 objection to form at this point in terms of the 11:29:49
 24 use of "more likely," whether you are meaning are 11:29:53
 25 they more than 50 percent likely or do you mean 11:29:55

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1 institute some sort of appropriate medical or 11:30:46
 2 therapeutic care of a patient with a subarachnoid 11:30:51
 3 hemorrhage as early as possible; wouldn't that be 11:30:54
 4 true? 11:30:56
 5 A. Right. 11:30:56
 6 **Q. That certainly would be the goal?** 11:30:57
 7 A. Sure, no question. 11:30:58
 8 **Q. And so the issues there would be,** 11:30:59
 9 **you would want to monitor the patient because** 11:31:03
 10 **certainly you want to do --** 11:31:06
 11 A. Correct. 11:31:08
 12 **Q. You want to avoid a rebleed; is** 11:31:09
 13 **that correct?**
 14 A. Mm-hmm.
 15 **Q. And you certainly want to avoid** 11:31:11
 16 **vasospasm; is that right?** 11:31:12
 17 A. That's right. 11:31:12
 18 **Q. Now, patients, certainly -- you** 11:31:13
 19 **just alluded to you want to work them up further,** 11:31:15
 20 **that you are just sort of beginning. You get them** 11:31:18
 21 **in the hospital and you start monitoring and there** 11:31:19
 22 **are other things do; is that correct?** 11:31:22
 23 A. That's correct. 11:31:23
 24 **Q. Tell me about the other things that** 11:31:23
 25 **you want to do.** 11:31:25

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1 sentinel bleed, which may or may not have shown up	12:40:49	1 Q. Why do you think it was a -- if	12:42:28
2 on the CAT scan.	12:40:52	2 it's -- you know, given that it's more likely than	12:42:29
3 Q. But I want to be clear about this.	12:40:53	3 not that he had a sentinel bleed --	12:42:30
4 A. Okay.		4 A. Why is it a sentinel bleed and not	12:42:32
5 Q. Do you think that it's more likely	12:40:56	5 a big bleed?	12:42:34
6 than not that Mr. Allen did not have a bleed,	12:40:58	6 Q. Or I guess at first I need to know	12:42:35
7 sentinel or otherwise, the morning of April 19	12:41:02	7 what you mean by sentinel bleed.	12:42:38
8 when he presented at the Alaska Native Medical	12:41:04	8 A. Small bleed. A warning leak they	12:42:39
9 Center complaining of 10 out of 10 pain, nausea	12:41:07	9 sometimes call it.	12:42:43
10 and vomiting?	12:41:11	10 Q. How big are those, usually?	12:42:43
11 A. So more likely than not does --	12:41:12	11 A. Well, you can't quantitate them.	12:42:46
12 Q. That he did not have --	12:41:13	12 All you can say is it's small. In other words,	12:42:50
13 A. -- that means more than a 50/50	12:41:14	13 the aneurysm leaks a little bit, enough to cause	12:42:53
14 chance, you know?	12:41:15	14 some symptoms, but then the leak stops, the	12:42:54
15 Q. Yes.	12:41:16	15 bleeding stops, the clot forms.	12:42:58
16 A. No, I think there is at least a	12:41:16	16 Based on his clinical presentation at	12:43:02
17 50/50 chance that he had a sentinel bleed.	12:41:20	17 the emergency room, that is why I am saying that	12:43:05
18 Q. I want to know whether or not --	12:41:22	18 at most, it was a sentinel bleed, not a major	12:43:09
19 and I guess I didn't ask it very well.	12:41:24	19 bleed, because he was not sick enough.	12:43:13
20 Is it more likely than not, that is, is	12:41:25	20 Q. Are you basing that specifically on	12:43:16
21 it more than 50 percent likely that he had a bleed	12:41:27	21 Exhibit 2, this record by the triage nurse and	12:43:20
22 that morning, sentinel or otherwise?	12:41:30	22 Donna Fearey?	12:43:23
23 A. I don't know if I can put a number	12:41:32	23 A. Right. The fact that he walked in,	12:43:24
24 on it. It may be -- so if I said maybe 60 percent	12:41:35	24 that he talked about his symptoms, he was sitting	12:43:28
25 chance, you would say yes, that is your answer,	12:41:39	25 there not in distress, that he left the emergency	12:43:30
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1 that it's more likely than not?	12:41:41	1 room after his Phenergan shot and had a big	12:43:33
2 Q. I am not asking you to put a	12:41:43	2 breakfast and went to Sam's Club afterward, all of	12:43:36
3 percentage on it, but I do want to know whether or	12:41:44	3 those things don't happen if you have a major	12:43:39
4 not you think it's more --	12:41:47	4 bleed. So I would concede that he might have and	12:43:43
5 A. Well, you are asking whether you	12:41:47	5 maybe more likely than not had a sentinel bleed, a	12:43:48
6 want it greater than 50 percent?	12:41:48	6 small bleed.	12:43:51
7 Q. That's true, I am asking that. But	12:41:49	7 Q. As you sit here right now, or after	12:43:53
8 I am not asking you to say 70 or 90. I am asking	12:41:50	8 reviewing the records, you say you can't render an	12:43:58
9 you whether or not you think it's -- this is a	12:41:53	9 opinion as to whether or not it's more likely than	12:44:02
10 really important issue, and I want to understand	12:41:55	10 not had a CT scan been taken that morning, it	12:44:05
11 your opinions on it, because I want to know	12:41:57	11 would have detected a bleed?	12:44:08
12 whether or not you think it's more likely than	12:41:59	12 A. Yeah, I can't say that that would	12:44:09
13 not, that is, it's more than a 50 percent chance	12:42:01	13 be more than 50/50 chance that it would have shown	12:44:11
14 that this gentleman presented on the morning of	12:42:03	14 the bleed.	12:44:14
15 April 19 to the emergency department and he did	12:42:05	15 Q. Do you think it's more likely than	12:44:14
16 not have a bleed, sentinel or otherwise.	12:42:07	16 not that a CT scan would not have shown a bleed?	12:44:17
17 A. No. I would probably say that it's	12:42:09	17 A. I think it's at least as likely	12:44:20
18 maybe more likely than not that he had a sentinel	12:42:13	18 that it wouldn't have shown it. Mm-hmm.	12:44:22
19 bleed. I will give you that.	12:42:17	19 Q. And that is based on -- and that	12:44:30
20 Q. When you say sentinel bleed, what	12:42:18	20 is -- let me just make sure I understand.	12:44:32
21 do you mean?	12:42:20	21 And that is really just based on his	12:44:34
22 A. I mean a small leak of the	12:42:21	22 clinical presentation as documented by the triage	12:44:35
23 aneurysm.	12:42:23	23 nurse and Donna Fearey?	12:44:39
24 Q. What is that based on?	12:42:24	24 A. Correct.	12:44:41
25 A. Based on --		25 Q. Can you explain why it is that the	12:44:41
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